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# AUTONOMY OF WOMEN FOR THE PREVENTION OF BREAST CANCER

# AUTONOMIA DA MULHER PARA PREVENÇÃO DO CÂNCER DE MAMA

# AUTONOMÍA DE LA MUJER PARA PREVENIR EL CÁNCER DE MAMA

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## ABSTRACT

Objectives: To understand the development of women's autonomy to prevent breast cancer. **Method**: qualitative, interpretive study, based on Paulo Freire's concept of autonomy, with 20 women who attended a Family Health Unit in a city in Rio Grande do Sul, from June/2016 to October/2016, based on an interview semi-structured and field notes. For data treatment, thematic analysis was used. **Results**: from the analysis emerged the theme, development of women's autonomy for the prevention of breast cancer. **Conclusions**: the results show that the participants identify the need and wish to undergo exams regularly, as a way of preventing or early detection of breast cancer and, for this purpose, they seek health services. Thus, it is necessary to respect the autonomy of women who are users of health services.

**Descriptors:** Disease Prevention; Women's Health; Breast Neoplasms; Personal Autonomy

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**RESUMO**
**Objetivos**: Compreender o desenvolvimento da autonomia da mulher para prevenir o câncer de mama. **Métodos**: estudo do tipo qualitativo, interpretativo, pautado no conceito de autonomia de Paulo Freire, com 20 mulheres que frequentavam uma Unidade Saúde da Família de um município no Rio Grande do Sul, nos meses de junho a outubro de 2016, a partir de entrevista semiestruturada e de notas de campo. Para tratamento de dados, utilizou-se análise temática. **Resultados**: a partir da análise emergiu o tema, desenvolvimento da autonomia da mulher para a prevenção do câncer de mama. **Conclusões**: os resultados apontam que as participantes identificam a necessidade e desejam realizar os exames regularmente, como forma de prevenção ou detecção precoce do câncer de mama e, para tanto, buscam serviços de saúde. Dessa maneira, se faz necessário o respeito à autonomia da mulher usuária dos serviços de saúde.
**Descritores:** Prevenção de Doenças; Saúde da Mulher; Neoplasias da Mama; Autonomia Pessoal

**RESUMEN**
**Objetivo**: Comprender el desarrollo de la autonomía de la mujer para prevenir el cáncer de mama. **Método**: Investigación cualitativa, interpretativa, basada en el concepto de autonomía de Paulo Freire, con 20 mujeres que concurrieron a una Unidad de Salud de la Familia en una ciudad de Rio Grande do Sul, de junio a octubre de 2016, a partir de una entrevista semiestructurada y notas de campo. Para el tratamiento de los datos se utilizó el análisis temático. **Resultados**: del análisis surgió el tema, desarrollo de la autonomía de la mujer para la prevención del cáncer de mama. **Conclusiones**: los resultados muestran que las participantes reconocen que es necesario y quieren someterse a exámenes de forma regular, para prevenir o detectar precozmente el cáncer de mama y, para ello, acuden a los servicios de salud. Por lo tanto, es necesario respetar la autonomía de las mujeres usuarias de los servicios de salud.
**Descriptores:** Prevención de Enfermedades; Salud de la Mujer; Neoplasias Mamarias; Autonomía Personal

## INTRODUCTION

Breast cancer is one of the most incidents in the world and the most frequent among women. Due to its high prevalence, incidence and mortality, it has an economic impact on health systems, representing a public health problem. For Brazil, according to estimates by the National Cancer Institute, 66,280 new cases of breast cancer are expected for each year of the biennium 2020-2022.[1]

Thus, not only is the incidence of breast cancer high, but also its mortality, which was evidenced in a national survey, which analyzed the growth of the mortality rate from the disease in Brazil, in which an increase of41.38% between 1998 and 2002 to 58.62% in the period 2008 to 2012.[2].

In estimates from GLOBOCAN 2020, on the incidence and mortality of cancer, it is pointed out that female breast cancer is the most diagnosed cancer in the world, surpassing lung cancer; it is still the fifth leading cause of cancer mortality in the world, with 685,000 deaths, ranking first in incidence in the vast majority of countries,

159 out of 185 countries, and in mortality in 110 countries, mainly in underdeveloped countries.[3]

Given this scenario, efforts are needed for a sustainable infrastructure that uses the dissemination of proven cancer prevention measures to inhibit the progression of the disease, investment in educational actions and the provision of care, which are priority measures in health policies, in order to detect, provide timely treatment, and improve women's quality of life.[3-4]

Primary and secondary prevention of breast cancer is part of disease control. In the primary, the strategy is the reduction or elimination of risk factors; in secondary, the objective is early detection and treatment, through the identification of breast cancer in early stages, for a better prognosis.[5]

Thus, the importance of knowledge in primary and secondary prevention of cancer is perceived, both for health professionals, who will perform care and transmit this knowledge, as well as for women who will receive and put into practice the caution.

According to a study carried out in a municipality in Rio Grande do Sul, there is a need for women to be informed about the ways to prevent breast cancer, as they consider that, based on the knowledge of what can be done for its prevention, a increase in the performance of actions guided by professionals. Also, they emphasize that the female population without appropriate knowledge, does not have the opportunity to have autonomy with regard to health care.[6] From this perspective, it is understood that knowledge is necessary for the exercise of autonomy, above all, for prevention and early detection of this cancer.

The concept of autonomy assumed in this study is based on the logic of self-government and the possibility and freedom to act according to one's own ideals.[7] Paulo Freire was one of the authors who used autonomy in the construction of his works, emphasizing that it is an imperative ethical respect for the autonomy and dignity of each person, and that it is autonomy that allows freedom to develop and occupy a space that was previously dependent, together with the responsibility that is being defined.[8]

It is in this line of thought that it is believed that, regardless of health status, autonomy is relevant, however, in the context of cancer it is fundamental, while it can be considered a “force multiplier” in relation to care. Furthermore, it is related to positive effects on lifestyle changes, contributing to better health behaviors.[9]

Autonomy in women's lives can favor knowledge of their own health and in relation to cancer prevention measures, it is linked to social issues, where in low and middle-income countries part of women

have fewer opportunities to make decisions about their health, demonstrating little autonomy in relation to their own care.[10]

Regarding the decision, this constitutes a responsible process, surrounded by the autonomy of the person who decides. This process includes the assumption of the consequences of the decision, which may have expected, unexpected and unexpected effects. However, it is necessary to decide to learn to decide.[8]

In this way, it is believed that the promotion of autonomy constitutes a right to health, and that it is necessary for its promotion in the health scenario. Autonomy that is not only in the discourse, but in the practice of being able to choose, opt for and co-participate in decision-making processes with regard to one's own health. In this perspective, from this study, we sought to understand the development of women's autonomy to prevent breast cancer.

## METHOD

Qualitative, interpretive study that used Paulo Freire's theoretical framework. It was developed between June and October 2016 from a Family Health Unit (USF) in a municipality in Rio Grande do Sul.

The study included 20 women users of the USF who had undergone cytopathology in the first half of 2016, who had their breasts evaluated at the same opportunity.

Thus, the women were selected through intentional sampling, based on the registration in the unit, the sample size being subsidized in the saturation of the testimonies contained in the interviews, where the inclusion of new participants was suspended, from the saturation, repetition of the information contained in the statements.

Selection criteria were limited to women who underwent preventive examinations for gynecological cancer in the first half of 2016, aged between 40 and 69 years, who lived in the area covered by the USF, what allowed the audio recording of the interview and consented to the dissemination of data in the scientific community. This age group is justified because they are the groups recommended for breast cancer screening activities recommended by the Brazilian Ministry of Health.[5] The exclusion criteria were women who presented difficulties in verbal communication, family history of breast cancer in the first degree, this criterion was defined as exclusion, taking into account that prevention strategies should start earlier for women who have a family history of the disease.

Data production involved semi-structured interviews and field notes. The interviews were carried out individually, at defined times with the participants at their

homes. They were recorded and transcribed verbatim by the first author. The organization, management and codification of the data was carried out manually in Word file.

The interview had a guiding question: tell us what you know about breast cancer prevention and exams, and also, with topics such as: what were the care practices and what was the knowledge about the exams, which allowed us to understand the development of autonomy in women.

Data analysis used the thematic analysis proposed by Braun and Clarke. For its operationalization, the authors describe six phases: knowing the data, generating initial codes, searching for themes, analyzing, defining and naming the themes and finally produce the report.[11]

The study complied with Resolution 466/12 12, and was approved by the Research Ethics Committee, through an opinion56981516.1.0000.5316. The participants signed the Free and Informed Consent Term in two copies and, in order to preserve the anonymity of the participants, pseudonyms were used, chosen by them, followed by age.

## RESULTS

Study participants were women aged 40 to 62 years, six of whom were aged 41 to 49 years; 13 were between 50 and 59 years old; and one was 62 years old. Most of the women, 13 in total, had incomplete primary education. In addition, 15 women were married, two were widows, while one was single, another divorced and one separated.

This way, the following theme is constructed: **Development of women's autonomy for the prevention of breast cancer.**

There are factors that are considered a strategy of knowledge and motivation for breast care, but for some women it is observed that they have the responsibility for self-care, as revealed below:

*I think it should be done to prevent it because sometimes it doesn't happen today, in a month there may be something. For me, I think I would have to continue every year (Marcia, 48 years old).*

*From the beginning, it was always my head that was my guide to look for the professional (Estefanie, 55 years old).*

*Since I know myself, I'm always taking care of myself, every time we do it, the hope is that nothing happens [...]. jIt's good, if we're afraid of the doctor, like I say, but it's not the doctor, we have to go with our idea. It is not the doctor who is the fear, the fear is of ourselves, if we do not take care of ourselves, then it will not be the doctor who will help us later, when we get there and can no longer (Elisa, 56 years old).*

Being the protagonist of health care is part of the reality of some women in this study. They understand that taking care of the breast can constitute something of their own existence, an attention to themselves. It is in this context that they seek to encourage other women to take care, they also describe that they seek support from the health professional, despite the fear that the exam and the professional may bring.

Although breast self-examination is frequently part of a woman's routine, in the logic of knowing the body and its modifications, she still has doubts that need to be clarified by the health professional.

*When I am menstruating or when I am in the shower, I examine my breasts, I see if there are lumps, sometimes they are painful because I am already at the time of menopause [...]. These days it was really painful, so I went to the mirror, lifted one arm, felt one side, lifted the other, felt and didn't find anything, so I'm always doing this, and I look for the doctor if I can. [...] and I don't think anything, so I'm calm. But it's still a little in doubt. If you're in pain, you stay because you don't know, it's not a doctor (Valéria, 50 years old).*

It is observed that the participant is aware of how to perform the breast self-examination, the recommended period and what she can find in case there is any change in the breast structure. However, she considers a medical evaluation important in case of doubt, a fact that constitutes self-care in her daily practices, which are permeated by autonomy and popular knowledge that is limited to scientific knowledge.

The exercise of autonomy occurs in health care services, especially during the clinical examination of the breasts, requesting that they are well examined due to previous changes:

*It's taking a look, a little touch, to see from the region of the arms to the back and give a touch [...]. She [nurse] said there is nothing, and when I was already doing it, I started to say to her: "Well, examine this left breast well because it has already been [change in the breast] [...]". Then she said: "No, everything went well" (Maria 1, 55 years old).*

This participant proved to be autonomous, stating that she demands her rights in meetings with health professionals, since her previous experience with breast alterations determined her attitude towards the nurse. From this perspective, the awareness of the importance of a thorough clinical examination can be evidenced in the testimony.

In this study, there was also a reference to the biennial frequency for performing mammography, after a government law extended the exam to this time interval. Thus, some participants declare that they would like to do it annually:

*I started doing it from the age of 40, but now I don't know why it changed some things, even I had to do it every year. Now, when I took it to her [doctor], she already told me that the time had increased [...]. I think it should be done every year, I wanted to do it every year if I could. But she said that for me only every two years [...]. She told me that it was a government law that said it was every two years (Márcia, 48 years old).*

It can be seen in this statement that a new construction of the periodicity of mammography is spreading through society, being established biannually. Even though the participant Márcia has this knowledge, she expresses the desire for the exam to be held annually.

In view of the exposed problem, Marlene refers not to know about the ideal recommendations for the mammography exam, stating that she just has to do it:

*I do the mammogram every time they ask [...]. By the same Post that we have to do it once a year. [...] We book and go there and do it, and everything works out. [...] I don't remember the age, I think thirty or more, I don't know. I just know what to do (Marlene, 58 years old).*

Through this expression, the participant performs the mammographic examination, which may be part of her health care practice, but is not aware of the benefits, risks and frequency for its performance. In this sense, it is observed to what extent and even in what way this knowledge was transmitted to the woman, how she received guidance or information, what is her role in learning, and how this influences the passive attitude towards her body.

## DISCUSSION

Women, in taking autonomy, seek health services, since they recognize the importance of taking care of themselves.[13] One of the main reasons that make women perform exams for the early detection of breast cancer is the previous experience with breast cancer, while the participants understand that if the exam for prevention and/or early detection is not performed, in the assumption of having the disease, they will be exposed to risks, and with that the advancement of the disease and not being able to treat it.

The construction of knowledge in relation to the prevention of breast cancer was related to the autonomy of this group of women, since they lead their care based on self-examination, also based on the request for a clinical breast exam and mammography. For them, this means that they are preventing and have the opportunity to detect the disease early, exercising their power of choice.

It is in this sense that respecting the autonomy of human beings and their dignity configure essential dimensions of ethics and not a benefit that may or may not be granted to the person.[8] In this way, it is necessary to respect the autonomy of women, users of health services, in search of breast care.

In this sense, a study developed in two Basic Health Units in the State of Rio Grande do Sul stands out, in which the participants revealed that they go to health services, since they consider self-care relevant, an attitude that is related to their autonomy in the search for health care.[13]

With this statement, it is emphasized that autonomy for self-care requires a qualitative modification of support in the way that professionals working in health units offer, which goes beyond the pressure in relation to the roles assumed in the power relations between the person cared for and the professional. This fact generates an abandonment of the prescriptive model, providing space for the other, based on the negotiation between those involved in

which the needs are prioritized by the person cared for.[14]

It is from this perspective that the power of decision and choice of the person is observed, when considering their freedom of choice, and how important this action is that founds their autonomy. In this perspective, it is considered that one only learns to decide in the act in which the decision needs to be made.[8] Thus, it is believed that the role of women in the care of the breasts constitutes the decision-making power that they learned to be important, according to your experiences.

In the context of prevention, the nursing consultation and a comprehensive attitude of the professional become essential for the care of the female population, with a view to integrality, directly influencing the adherence of these women to the proposed actions.[15-16]

Thus, in a study that aimed to understand whether the Nursing Consultation is focused on Health Promotion actions that provide women's autonomy in Family Health, using the Freirian perspective, it was identified that the Nursing consultation is a space that provides the development of health actions, especially the empowerment of women in the situations experienced, that is, it allows the development of autonomy, however, the presence of trained nurses is necessary for this to occur.[17]

Still, it cannot be an opportunity to just pay attention to clinical aspects, guided by norms and routines, but rather a moment to promote reception, dialogue and promotion of autonomy.

It is in this scenario that the lack of autonomy of people in relation to the option for care technologies can also be evidenced, since these are directed by professionals, by the care network and by the determinations of the programs. Thus, the final decision ends up not being in accordance with the wishes of those who use the health services.[13]

Differences regarding screening are part of the experience of women who seek breast care, which will certainly influence their decisions. For the Brazilian Society of Mastology, the guidelines proposed by the Ministry of Health, against screening mammography from the age of 40, may increase mortality from breast cancer, and it is emphasized that this fact could not happen due to the dimension of the disease. in the country.[18]

According to Paulo Freire, “thinking right” is related to allowing the person to produce their understanding of what is communicated, and not just making a transfer or deposit of what is discussed, causing the person to be considered a patient of that thinking, without have a dynamic relationship between doing and thinking about what you are doing.[8]

However, some participants demonstrated to be "patients", in relation to the mammogram, for example. What can be translated as a domesticated curiosity, since there is a mechanical memorization of what is taught, and not a real learning. Especially, when the participant states that "I just know what I have to do", without having at least a curious position.[8]

The women at certain times needed to take a position before the orientations that were received and chose to continue taking the exam, since it was free and did not cause discomfort. It is at this moment, that it is noted that they have the decision-making power in their hands; they need to exercise autonomy and choose what they consider best for themselves. Thus, the fact that it exists causes the person to take the right and duty to choose and decide.[8]

In view of what has been presented, it is understood the importance of health care practices being centered on the people attended, in order to facilitate decision-making and the exercise of autonomy, because self-motivated people tend to take more care of their own health, contributing to cancer prevention. Therefore, autonomy as the maturing of the being for itself, it is a process, it is becoming. It does not occur on a scheduled date.[8-9]

## CONCLUSIONS

It is believed that it was possible to understand how women exercise their autonomy in the context of breast cancer prevention. The results indicate that the participants identify the need and wish to perform the exams regularly; therefore, they seek health services.

The autonomy for the group of women was exercised when they performed the self-examination, but also when requesting exams from the health professional, being protagonists of care and putting into effect their power of choice. This fact demonstrated that the participants have the responsibility for taking care of themselves, and seek to encourage other women to adhere to prevention actions.

On the other hand, the biennial periodicity for mammography was mentioned; however, some women would like the time interval to be shorter, of just one year. This issue demonstrates the reduction in the possibilities of choice and autonomy in relation to care technologies, as these follow the indication of professionals and guidelines of health programs.

Thus, it is understood that therapeutic actions and projects for the prevention and early detection of breast cancer, shared with women, need to favor the protagonism of self-care. In this way, it is necessary to respect the autonomy of women who use

health services. In addition, the support provided by professionals working in health spaces should not be reductionist and technical, but rather, with a view to guaranteeing the right to choose, dialogue and embrace.

It is hoped that the study can contribute to professionals and women who access health services, regarding the need to strengthen the exercise of autonomy as a right. Moreover, as proposed by Freire, information and guidance should not be transferred or deposited, but understood and reflected, in a dynamic and transforming relationship.

Finally, although the study presented the experiences of several women, the limitation was the impossibility of generalization, as it had only one field of observation, evidenced by a USF, which represented a local profile.

## REFERENCES

1. Instituto Nacional de Câncer José Alencar Gomes da Silva. Estimativa 2020: incidência de câncer no Brasil [Internet]. Rio de Janeiro: INCA; 2019 [citado em 07 jul 2020]. 120p. Disponível em: https://www.inca.gov.br/sites/ufu.sti.inca.local/files/media/ document/estimativa-2020-incidencia-de-cancer-no-brasil.pdf

2. Costa LDLN, Sardinha AHL, Verzaro PMV, Lisbôa LLC, Batista RFL. Mortalidade por câncer de mama e condições de desenvolvimento humano no Brasil. Rev Bras Cancerol. [Internet]. 2019 [citado em 24 maio 2022]; 65(1):e-12050. Disponível em: https://rbc.inca.gov.br/index.php/revista/article/view/50/220

3. Sung H, Ferlay J, Siegel RL, Laversanne M, Soerjomataram I, Jemal A, et al. Global cancer statistics 2020: GLOBOCAN estimates of incidence and mortality worldwide for 36 cancers in 185 countries. CA Cancer J Clin. [Internet]. 2021 May/Jun [citado em 24 maio 2022]; 71:209-49. Disponível em: https://acsjournals.onlinelibrary.wiley.com/doi/epdf/10.3322/caac.21660

4. Silva J da, Marinho VR, Imbiriba TCO. Câncer de mama: o papel do enfermeiro na assistência de enfermagem ao paciente oncológico. Revista Ibero-Americana De Humanidades, Ciências E Educação - REASE [Internet]. 2021 nov [citado em 24 maio 2022]; 7(11):802-21. Disponível em: https://periodicorease.pro.br/rease/article/view/3107/1242

5. Instituto Nacional do Câncer José Alencar Gomes da Silva. Diretrizes para a detecção precoce do câncer de mama no Brasil [Internet]. 3ed. Rio de Janeiro: INCA; 2017 [citado em 07 jul 2020]. 168 p. Disponível em: https://www.as.saude.ms.gov.br/wp-content/uploads/2021/03/sumario-diretrizes deteccao-precoce-mama-2017.pdf

6.Gonçalves CV, Camargo VP, Cagol JM, Miranda B, Mendoza-Sassi RA.O conhecimento de mulheres sobre os métodos para prevenção secundária do câncer de mama. Ciênc Saúde Colet. [Internet]. 2017 dez [citado em 24 maio 2022]; 22(12):4073-81. Disponível em: https://www.scielo.br/j/csc/a/6DvcDJRwBbC3W8WnZYxVwNr/abstract/?lang=pt

7.Johnson S, Butow PN, Kerridge I, Tattersall MHN. Patient autonomy and advance care planning: a qualitative study of oncologist and palliative care physicians' perspectives. Support Care Cancer [Internet]. 2018 Feb [citado em 24 maio 2022]; 26(2):565-74. Disponível em: https://link.springer.com/content/pdf/10.1007/s00520-017-3867-5.pdf

8. Freire P. Pedagogia da autonomia: saberes necessários à prática educativa. 68ed. São Paulo: Paz e Terra; 2020. 144 p.
9. Cosme D, Berkman ET. Autonomy can support affect regulation during illness and in health. J Health Psychol. [Internet]. 2020 [citado em 24 maio 2022]; 25(1):31-7. Disponível em: https://journals.sagepub.com/doi/pdf/10.1177/1359105318787013
10. Osamor PE, Grady C. Autonomy and couples' joint decision-making in healthcare. BMC Med Ethics [Internet]. 2018 Jan [citado em 24 maio 2022]; 19(3):1-8. Disponível em: https://bmcmedethics.biomedcentral.com/track/pdf/10.1186/s12910-017-0241-6.pdf
11. Braun V, Clarke V. Using thematic analysis in psychology. Qual Res Psichol. [Internet]. 2006 Jan [citado em 24 maio 2022]; 3(2):77-101. Disponível em: https://www.researchgate.net/publication/235356393_Using_thematic_analysis_in_psychology
12. Conselho Nacional de Saúde (Brasil). Resolução nº 466 de 12 de dezembro de 2012. Aprova as diretrizes e normas de pesquisas envolvendo seres humanos [Internet]. D.O.U., Brasília, 13 jun 2013 [citado em 21 nov 2014]. Seção 3. p.59. Disponível em: https://conselho.saude.gov.br/resolucoes/2012/Reso466.pdf
13. Frigo J, Oliveira DLLC, Rodrigues RMR, Zocche DAA. A consulta ginecológica e seu potencial para produzir a integralidade da atenção em saúde. Rev Enferm UFPE on line [Internet]. 2016 abr [citado em 24 maio 2022]; 10(4):1299-306. Disponível em: https://periodicos.ufpe.br/revistas/revistaenfermagem/article/viewFile/11117/12594
14. Lopes AAF. Cuidado e empoderamento: a construção do sujeito responsável por sua saúde na experiência do diabetes. Saúde Soc. [Internet]. 2015 abr/jun [citado em 24 maio 2022]; 24(2):486-500. Disponível em: https://www.scielo.br/j/sausoc/a/F8QQgqsqCcfcT7HX8XQydrd/?format=pdf&lang=pt
15. Rocha MGL, Linard AG, Santos LVS, Souza LB. Acolhimento na consulta ginecológica de enfermagem: percepções de mulheres da Estratégia Saúde da Família. Rev Rene. [Internet]. 2018 [citado em 24 maio 2022]; 19:e3341. Disponível em: https://www.redalyc.org/journal/3240/324054783016/html/
16. Amorim LTL, Monteiro NJ, Nogueira LMV, Rodrigues ILA, André SR. Exame de colpocitologia oncótica: revisão integrativa. Rev Enferm Atenção Saúde [Internet]. 2018 jan/jul [citado em 24 maio 2022]; 7(1):209-24. Disponível em: https://seer.uftm.edu.br/revistaeletronica/index.php/enfer/article/view/2436/pdf
17. Durand MK, Heidemannr ITSB. Promoção da autonomia da mulher na consulta de enfermagem em saúde da família. Rev Esc Enferm USP. [Internet]. 2013 [citado em 24 maio 2022]; 47(2):288-95.
Disponível em: https://www.scielo.br/j/reeusp/a/Q6YRzBCcsMrSNXkHTnfWBpr/?format=pdf&lang=pt

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